

TRAINING ANNOUNCEMENT

The Western New York Stress Reduction Program, the MMRS Mental Health Subcommittee, the Specialized Medical Assistance Response Team, and the Erie County Department of Mental Health are pleased to announce the following 2-day course:

Assisting Individuals in Crisis

(Formerly titled "Individual Crisis Intervention & Peer Support")

Dates: Friday September 21, 2018 & Saturday September 22, 2018
Time: 8:30am-4:30pm both days
Location: Erie County Emergency Services Training & Operations Center (Fire Training Academy)
3359 Broadway
Cheektowaga, New York 14227

This is an International Critical Incident Stress Foundation (ICISF) developed curriculum. Advantages of attending are:

- Participants will learn how to provide individual crisis intervention using proven methods
- Participants will receive a certificate of completion from the ICISF
- Participants will receive continuing education credits from the University of Maryland at Baltimore
- This course is required for persons pursuing the ICISF Certificate of Advanced Training

LEARNING OBJECTIVES

- Understand the natures & definitions of a psychological crisis and psychological crisis intervention
- Understand the resistance, resiliency, recovery continuum
- Understand the nature and definition of critical incident stress management and its role as a continuum of care
- Practice basic crisis communication techniques
- Be familiar with common psychological and behavioral crisis reactions
- Understand the putative and empirically-derived mechanisms of action in psychological crisis intervention
- Practice the SAFER-Revised model of individual psychological crisis intervention
- Understand how the SAFER-Revised model may be altered for suicide intervention
- Understand and discuss the risks of iatrogenic "harm" associated with psychological crisis intervention and will further discuss how to reduce those risks

Presenter: Bonita S. Frazer, MS, CTS, FAAETS is the Mental Health Emergency Planning Coordinator for Erie County. Through her volunteer work with the American Red Cross and the Western New York Stress Reduction Program, she has provided crisis intervention and critical incident stress management services to survivors of critical incidents & disasters, and to emergency services personnel who respond to these events. Bonita is a volunteer for the Specialized Medical Assistance Response Team and the Canine Therapy Teams of Western New York. She also serves on the Board of Directors for the Association of Traumatic Stress Specialists.

Please do not register if you cannot commit to attending both days in their entirety. Registration is limited to 30 persons and certificates of completion will be given only to those who have completed the training in its entirety.

Questions about registration can be directed to Cheryl Kennedy at 716-864-8101 or via email at clkennedy72@yahoo.com

Questions about the curriculum can be directed to Bonita Frazer at 716-235-7565 or via email at bonitafrazer@yahoo.com

REGISTRATION FORM
Assisting Individuals in Crisis
(Formerly titled "Individual Crisis Intervention & Peer Support")
Friday September 21, 2018 & Saturday September 22, 2018

Persons who are interested in attending the training must complete the registration form and send the appropriate payment. Please complete a new registration form for each registrant. *All registrants will be notified whether or not they have been accepted into the class.* REGISTRATION CLOSES ON FRIDAY SEPTEMBER 14, 2018 AT 4:30PM.

Two-Day Course Fee: \$80.00 in US Funds
Lunch will be provided both days.

PAYMENT MUST BE RECEIVED BY THE SEPTEMBER 14TH DEADLINE and can be made by personal check, business check, money order or purchase order payable to the Western New York Stress Reduction Program Inc.

NOTE: This training session is a prerequisite for anyone wishing to take the Advanced Assisting Individuals in Crisis course to be scheduled in February, 2019

Please LEGIBLY PRINT your name ***exactly*** as you would like it to appear on your certificate of completion, and complete all sections listed below.

Full Name: _____

Agency: _____

Agency Address: _____

City, State, Zip: _____

Daytime Phone: _____

Email: _____

WNY Police Helpline Peer: YES NO

Discipline(s):	_____ Police	_____ Clergy / Chaplaincy
	_____ Fire	_____ Medical / Hospital
	_____ EMT / Paramedic	_____ Public Health
	_____ Dispatch	_____ Mental Health
	_____ Corrections	_____ Employee Assistance Program
	_____ Probation	_____ Elementary / Middle / High School
	_____ Military	_____ College / University
	_____ HazMat	_____ Other - Please Specify

Please submit the completed form to Cheryl Kennedy via mail or email:

Address: 7118 Michael Road, Orchard Park, New York 14127

Email: clkennedy72@yahoo.com

PLEASE NOTE: If you submit your registration via mail, please email Cheryl Kennedy at clkennedy72@yahoo.com to inform her that your registration(s) will be forthcoming.

Should you need to cancel, please notify Cheryl Kennedy as soon as possible so that we may fill your seat with another registrant.